



POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT

REGION 6 SITE NUMBER (to be assigned by HQ)  
TXD 060707502

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-JJS); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

TXD 060707502

A. SITE NAME CHEMETCH, INC. <i>RCCA</i>		B. STREET (or other identifier) 12830 Century Drive		
C. CITY Stafford	D. STATE TX	E. ZIP CODE 77477	F. COUNTY NAME Fort Bend	
G. SITE OPERATOR INFORMATION		2. TELEPHONE NUMBER		
1. NAME Chemetch, Inc.		(713)491-4800		
3. STREET 12830 Century Drive		4. CITY Stafford		5. STATE TX
				6. ZIP CODE 77477
H. REALTY OWNER INFORMATION (if different from operator of site)		2. TELEPHONE NUMBER		
1. NAME RPL II Interests		(713)491-4800		
3. CITY Stafford		4. STATE TX		5. ZIP CODE 77477
I. SITE DESCRIPTION Circuit board etching, wastes neutralized, sludge collected and removed, shipped off-site, liquid discharged to the City of Stafford STP., spent solvent collected and shipped off-site.				
J. TYPE OF OWNERSHIP				
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE				

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)	B. APPARENT SERIOUSNESS OF PROBLEM			
	<input type="checkbox"/> 1. HIGH	<input type="checkbox"/> 2. MEDIUM	<input checked="" type="checkbox"/> 3. LOW	<input type="checkbox"/> 4. NONE
C. PREPARER INFORMATION		1. TELEPHONE NUMBER		3. DATE (mo., day, & yr.)
1. NAME Imre J. Sekelyhidi <i>Imre J. Sekelyhidi</i>		(214)742-6601		1/18/82

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION		2. TITLE	
1. NAME Imre J. Sekelyhidi		FIT-Env. Engineer	
3. ORGANIZATION		4. TELEPHONE NO., AREA CODE & NO.	
Ecology & Environment, Inc., 1509 Main St., Dallas, TX 75201		(214)742-6601	

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Imre Sekelyhidi	Ecology & Environment, Inc., Dallas	(214)742-6601
Jeff Surfus	"	"

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)		
1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
John Ellison	Sales Manager (713)491-4800	12830 Century Dr., Stafford, TX 77477
Larry Williamson	Quotation & Planning (713)491-4800	"
Bob Billig	Production Foreman (713)491-4800	"
		SUPERFUND FILE
		OCT 23 1992
		REORGANIZED

Date of Report  
Reviewed by GHES

## III. INSPECTION INFORMATION (continued)

## D. GENERATOR INFORMATION (source of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Chemetch, Inc.	(713)491-4800	12830 Century Dr., Stafford, TX	Treatment sludge, copper sulfate

## E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Malone Trucking Company	(713)945-3301 (713)487-6500	P.O. Box 709, Texas City, TX 77590	Treatment sludge (see attached) copper sulfate solvents, methylene chloride, sodium hydroxide

## F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
Malone Service Co.	(713)945-3301 (713)487-6500	Loop 197 S., Texas City, TX 77590

G. DATE OF INSPECTION (mo., day, & yr.) 11/18/81 H. TIME OF INSPECTION 09:00-13:00 I. ACCESS GAINED BY: (credentials must be shown in all cases)  
 1. PERMISSION  2. WARRANT

## J. WEATHER (describe)

Overcast, light rain, high 60's

## IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)	X	No sample taken during this inspection.	

## B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
None		

## IV. SAMPLING INFORMATION (continued)

## C. PHOTOS

## 1. TYPE OF PHOTOS

 a. GROUND  b. AERIAL

## 2. PHOTOS IN CUSTODY OF

US EPA, Region VI (Attached)

## D. SITE MAPPED?

 YES. SPECIFY LOCATION OF MAPS: See Attachments

## E. COORDINATES

## 1. LATITUDE (deg.-min.-sec.)

29 37' 30"N

## 2. LONGITUDE (deg.-min.-sec.)

95 35' 00"W

## V. SITE INFORMATION

## A. SITE STATUS

 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) 2. INACTIVE (Those sites which no longer receive wastes.) 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

## B. IS GENERATOR ON SITE?

 1. NO  2. YES (specify generator's four-digit SIC Code): 3679

## C. AREA OF SITE (in acres)

1.13

## D. ARE THERE BUILDINGS ON THE SITE?

 1. NO  2. YES (specify): Manufacturing & Office Building (One Building)

## VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input type="checkbox"/> B. STORER	<input type="checkbox"/> C. TREATER	<input type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	<input checked="" type="checkbox"/> 3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	<input checked="" type="checkbox"/> 5. CHEM./PHYS./TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form.

1. STORAGE  2. INCINERATION  3. LANDFILL  4. SURFACE IMPOUNDMENT  5. DEEP WELL  
 6. CHEM./BIO./PHYS. TREATMENT  7. LANDFARM  8. OPEN DUMP  9. TRANSPORTER  10. RECYCLOR/RECLAIMER

## VII. WASTE RELATED INFORMATION

## A. WASTE TYPE

 1. LIQUID  2. SOLID  3. SLUDGE  4. GAS

## B. WASTE CHARACTERISTICS

 1. CORROSIVE  2. IGNITABLE  3. RADIOACTIVE  4. HIGHLY VOLATILE  
 5. TOXIC  6. REACTIVE  7. INERT  8. FLAMMABLE

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Yes, manifest, laboratory record &amp; reports

## VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.						
4. SLUDGE	5. OIL	6. SOLVENTS	7. CHEMICALS	8. SOLIDS	9. OTHER	
AMOUNT 1	AMOUNT None	AMOUNT 2	AMOUNT Unknown	AMOUNT 1	AMOUNT None	
UNIT OF MEASURE drum/mo	UNIT OF MEASURE	UNIT OF MEASURE drum/mo	UNIT OF MEASURE	UNIT OF MEASURE drum/mo	UNIT OF MEASURE	
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.	
<input checked="" type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):	<input checked="" type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL	
<input type="checkbox"/> (3) POTW		<input type="checkbox"/> (3) OTHER (specify): Solvent #248 (primarily methylene chloride)	<input checked="" type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE	
<input type="checkbox"/> (4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMELTING WASTES	<input type="checkbox"/> (4) MUNICIPAL	
<input type="checkbox"/> (5) OTHER (specify):			<input type="checkbox"/> (5) DYES/INKS	<input checked="" type="checkbox"/> (5) NON-FERROUS SMELTING WASTES	<input checked="" type="checkbox"/> (5) OTHER (specify): Copper sulfate	<input type="checkbox"/> (5) OTHER (specify):
			<input type="checkbox"/> (6) CYANIDE			
	<input type="checkbox"/> (7) PHENOLS					
		<input type="checkbox"/> (8) HALOGENS				
		<input type="checkbox"/> (9) PCB				
		<input checked="" type="checkbox"/> (10) METALS				
		<input type="checkbox"/> (11) OTHER (specify):				

## D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')				3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	d. DUST	a. HIGH	b. MED.	c. LOW	d. NONE			
Copper sulfate	X								None	Unknown	
Methylene chloride (solvent #248)		X							75-09-2	"	
Cadmium*	X								7440-43-9	"	
Chromium*	X								7440-47-3	"	
Lead*	X								7439-92-1	"	
Sodium hydroxide*		X							None	"	
Ferrous sulfate	X								None	"	
*In wastewater sludge											

## VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

A. HUMAN HEALTH HAZARDS

VIII. HAZARD DESCRIPTION (continued)

B. NON-WORKER INJURY/EXPOSURE

C. WORKER INJURY/EXPOSURE

D. CONTAMINATION OF WATER SUPPLY

E. CONTAMINATION OF FOOD CHAIN

F. CONTAMINATION OF GROUND WATER

G. CONTAMINATION OF SURFACE WATER

Treatment system is in the open, overflow potential exists due to weather conditions (excessive rain); overflow may runoff into storm sewer and enter receiving water.

## VIII. HAZARD DESCRIPTION (continued)

 H. DAMAGE TO FLORA/FAUNA I. FISH KILL J. CONTAMINATION OF AIR K. NOTICEABLE ODORS

Slight odor of organics around the treatment system area.

 L. CONTAMINATION OF SOIL M. PROPERTY DAMAGE

VIII. HAZARD DESCRIPTION (continued)

N. FIRE OR EXPLOSION

O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

P. SEWER, STORM DRAIN PROBLEMS

Q. EROSION PROBLEMS

R. INADEQUATE SECURITY

S. INCOMPATIBLE WASTES

## VIII. HAZARD DESCRIPTION (continued)

 T. MIDNIGHT DUMPING U. OTHER (specify):

Since there are no established requirements except for copper in the effluent and overflow potential exists from the treatment system, it is recommended that EPA advise TDWR to establish acceptability limits for other substances, based on sampling inspection and verification, or evaluation of the submitted data (i.e. characteristics of the neutralization system with special copper removal unit and chemical composition of the wastewater sludge).

## IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	None	None	None	1/2 Mile
2. IN COMMERCIAL OR INDUSTRIAL AREAS	(Texas Instruments; Sperry Sun; Johnston Co.) 50,000		Over 10	1/2 Mile
3. IN PUBLICLY TRAVELLED AREAS	500	500	None	1/2 Mile
4. PUBLIC USE AREAS (parks, schools, etc.)	None	None	None	1/2 Mile

## X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify units) 20-25 ft.	B. DIRECTION OF FLOW Southeast	C. GROUNDWATER USE IN VICINITY Industrial and Domestic
D. POTENTIAL YIELD OF AQUIFER 2,400 gpm	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) 3 Miles	F. DIRECTION TO DRINKING WATER SUPPLY Southeast
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS*	<input checked="" type="checkbox"/> 2. COMMUNITY (specify town): > 15 CONNECTIONS City of Stafford	
<input type="checkbox"/> 3. SURFACE WATER	<input checked="" type="checkbox"/> 4. WELL	

## X. WATER AND HYDROLOGICAL DATA (continued)

## A. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
None				

## I. RECEIVING WATER

1. NAME Oyster Creek  
Brays Bayou, via  
Keegans Bayou

2. SEWERS  3. STREAMS/RIVERS

4. LAKES/RESERVOIRS  5. OTHER (specify):

## 6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

1109 noncontact recreation, propagation of fish and wildlife.

## XI. SOIL AND VEGETATION DATA

## LOCATION OF SITE IS IN:

A. KNOWN FAULT ZONE  B. KARST ZONE  C. 100 YEAR FLOOD PLAIN  D. WETLAND

E. A REGULATED FLOODWAY  F. CRITICAL HABITAT  G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

## XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

A. COVERBURGEN	B. BEDROCK (specify below)	C. OTHER (specify below)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Soils
<input checked="" type="checkbox"/> 1. SAND		<input checked="" type="checkbox"/> Edna Fine Sandy Loam
<input checked="" type="checkbox"/> 2. CLAY	Beaumont Formation- Clayey Sediments	<input checked="" type="checkbox"/> Bernard Clay Loam
<input type="checkbox"/> 3. GRAVEL		<input checked="" type="checkbox"/> Lake Charles Clay

## XIII. SOIL PERMEABILITY

A. UNKNOWN  B. VERY HIGH (100,000 to 1000 cm/sec.)  C. HIGH (1000 to 10 cm/sec.)

D. MODERATE (10 to .1 cm/sec.)  E. LOW (.1 to .001 cm/sec.)  F. VERY LOW (.001 to .0001 cm/sec.)

## G. RECHARGE AREA

1. YES  2. NO 3. COMMENTS:

## H. DISCHARGE AREA

1. YES  2. NO 3. COMMENTS:

## I. SLOPE

1. ESTIMATE % OF SLOPE 2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

0-1%

Northeast

## J. OTHER GEOLOGICAL DATA

Soils in this area are somewhat poorly drained and are generally saturated in winter and in early spring. When soil is dry, deep wide cracks form on the surface.

Shallow perched water tables are common in the area. Privately owned wells use a 100-500 ft. interval, but city wells use much deeper aquifers (1600-1700 ft.).

## XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UNKNOWN
None							

## XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

 NONE     YES (summarize in this space)    Unknown

City of Stafford STP receives effluent 420,000 gpm average (requirement for acceptance: less than 1 ppm copper).

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

STORAGE FACILITIES SITE INSPECTION REPORT  
(Supplemental Report)

INSTRUCTION  
Answer and Explain  
as Necessary.

1. STORAGE AREA HAS CONTINUOUS IMPERVIOUS BASE

YES  NO

2. STORAGE AREA HAS A CONFINEMENT STRUCTURE

YES  NO Fence

3. EVIDENCE OF LEAKAGE/OVERFLOW (If "Yes", document where and how much runoff is overflowing or leaking from containment)

YES  NO Past accidental spillage within the treatment area (drains back into effluent treatment unit); some discoloration of concrete outside of storage area (from earlier storage of drums). Area drains into storm sewer inlet.

4. ESTIMATE TYPE AND NUMBER OF BARRELS/CONTAINERS

2-sludge drums; 5-copper sulfate; 1-spent solvent (Presently)

5. GLASS OR PLASTIC STORAGE CONTAINERS USED

YES  NO

6. ESTIMATE NUMBER AND CAPACITY OF STORAGE TANKS

None

7. NOTE LABELING ON CONTAINERS

No-spray paint drums used for waste containers with different colors (i.e. white for copper sulfate, etc.).

8. EVIDENCE OF LEAKAGE CORROSION OR BULGING OF BARRELS/CONTAINERS/STORAGE TANKS (If "Yes", document evidence. Describe location and extent of damage. Take PHOTOGRAPHS)

YES  NO

9. DIRECT VENTING OF STORAGE TANKS

YES  NO

10. CONTAINERS HOLDING INCOMPATIBLE SUBSTANCES (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)

YES  NO

11. INCOMPATIBLE SUBSTANCES STORED IN CLOSE PROXIMITY (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)

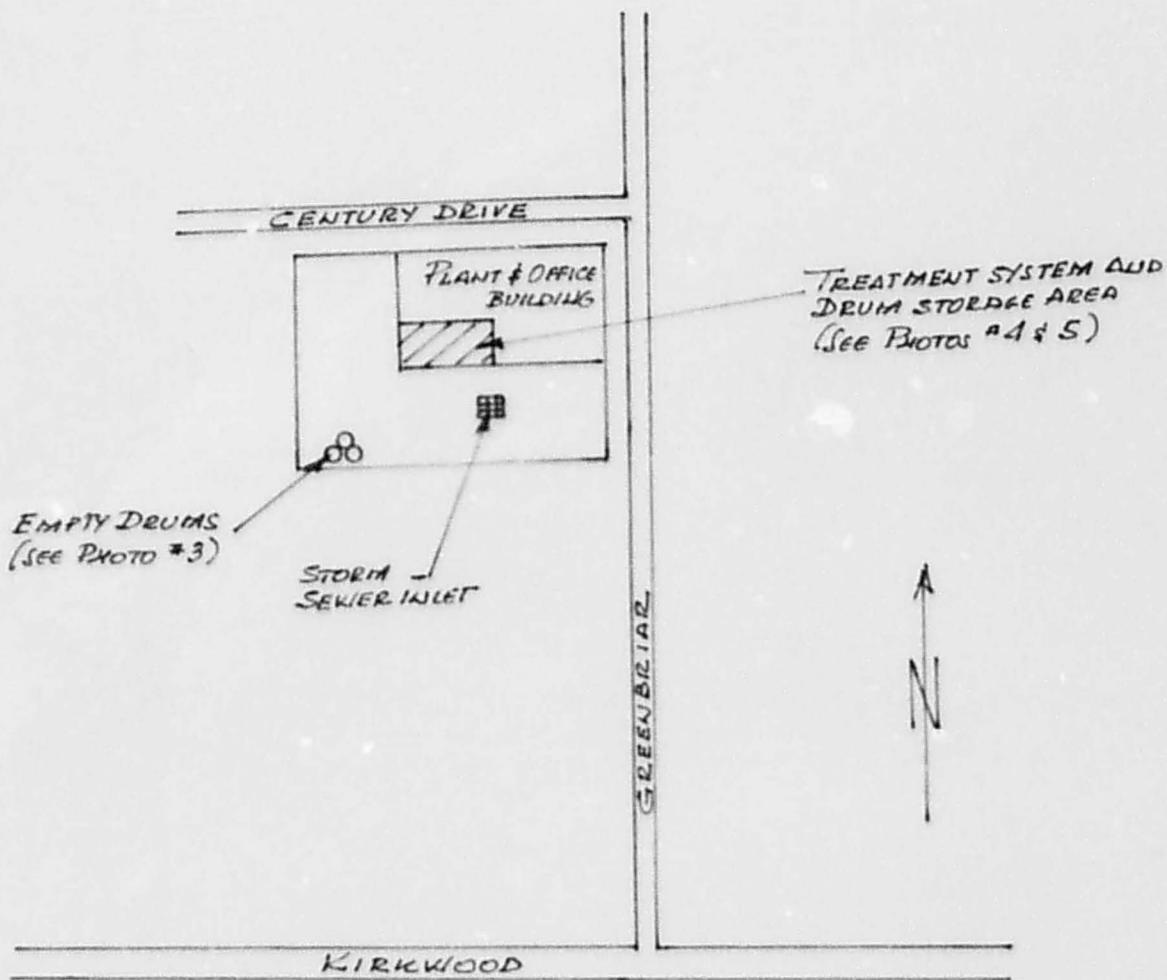
YES  NO

12. ADEQUATE CONTAINER WASHING AND REUSE PRACTICES

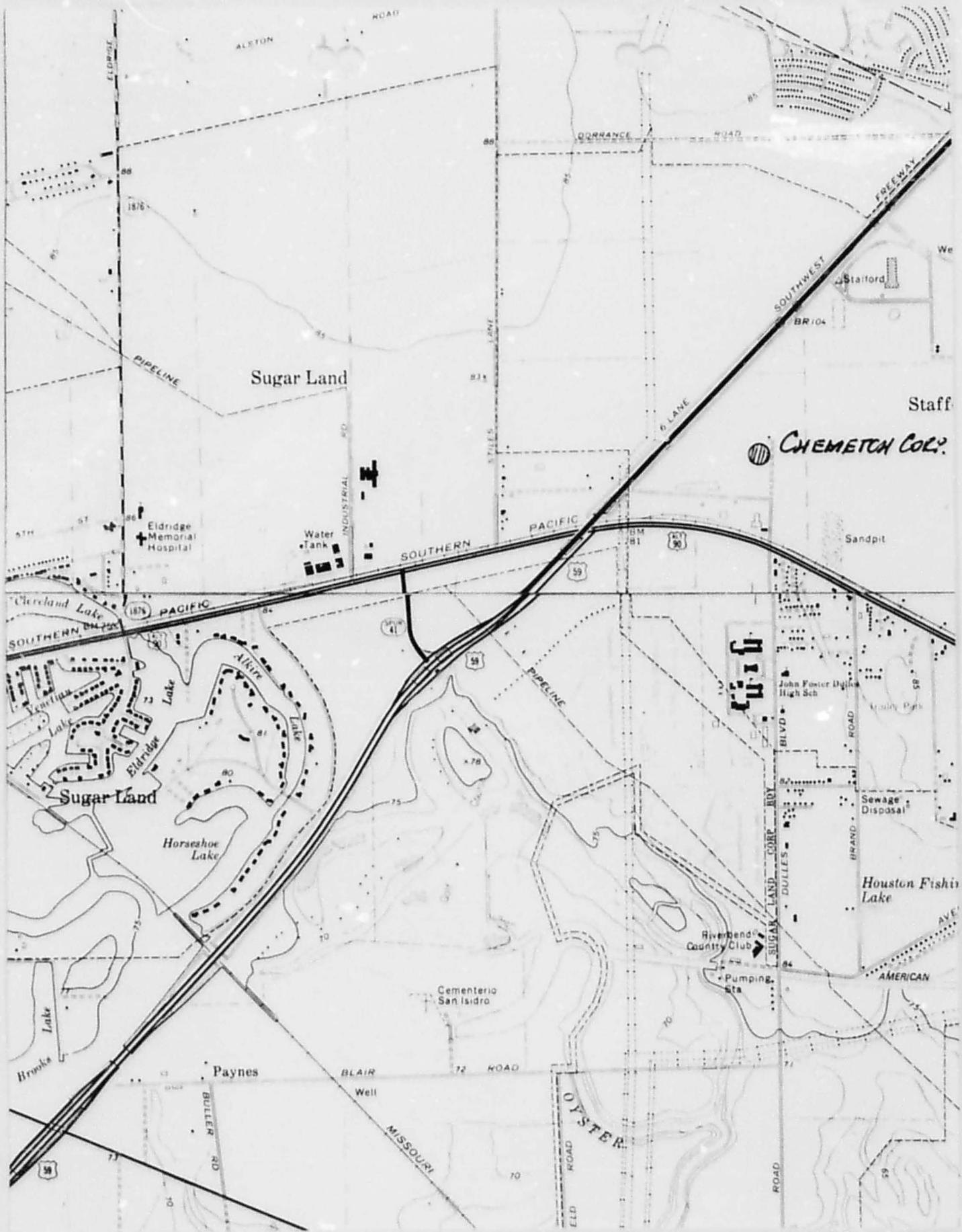
YES  NO Use fresh chemical drums for storage of waste materials.

13. ADEQUATE PRACTICES FOR DISPOSAL OF EMPTY STORAGE CONTAINERS

YES  NO



CHENETCH, INC  
STAFFOR, TX



**CHEMETON CORP.**

Staff



# Malone TRUCKING COMPANY

## VACUUM TANK TRUCKS

24 HOUR SERVICE • INDUSTRIAL PLANT SERVICE  
 P. O. BOX 709      PHONE 945-3301      21-21st STREET S.  
 HOUSTON 487-6500  
 TEXAS CITY TEXAS 77590

DATE      11/17/81  
 INVOICE NO.      28336  
 PURCHASE ORDER      NONE

TO  
 .  
 .  
 .

CHEMETCH, INC.  
 12830 CENTURY DRIVE  
 STAFFORD, TX 77477

02\*0749

PAYABLE TO MALONE TRUCKING CO  
 TERMS: NET CASH

DATE	TICKET NUMBER	TRUCK NUMBER	JOB NUMBER	JOB DESCRIPTION AS PER ATTACHED TICKETS	AMOUNT
11-12-81	37523	7817 709		HAULED WASTE CHEMICALS FROM 12830 CENTURY DRIVE STAFFORD, TEXAS TO MALONE SERVICE COMPANY TEXAS CITY, TX, 77590 459.8 @ \$1.03 CWT FUEL ADJUSTMENT PUMP-LOADING 459.8 @ \$0.03 PUMP-UNLOADING 459.8 @ \$0.03 WEIGHING CHARGE HOSE CHARGE 20' @ \$0.65 FT DEMURRAGE LOADING 3.00 HR @ \$19.75 1/2 TOTAL	473.59 13.17 13.79 13.79 4.00 13.00 118.50 649.84
			***** * PLEASE REMIT TO: * * P. O. BOX 3523 * * HOUSTON, TEXAS 77253 * *****		
DISPOSAL CHARGES BILLED ON MALONE SERVICE COMPANY INVOICE # 28337					



**TEXAS WASTE SHIPPING-CONTROL TICKET**  
(Please Type or Print Clearly)

(Satisfies TDWR, TDH and U.S. EPA requirements for hazardous or class I waste manifest)

**PART I To be completed by Generator (see reverse side for instructions)**

Company Name Chemetch, Inc.  
Business Address 12830 Century Drive  
Address From Which Shipment Originates:  
12830 Century Drive, Stafford, Tx.

TDWR/TDH Registration No.   
EPA Gen. #   
Emergency Phone A/C

**DESTINATION**

Primary TSD Facility Name Malone Service Co.  
Business Address Loop 197 So., Texas City, Texas  
Destination (Site) Address Loop 197 So., Texas City, Tx.  
Alternate TSD Facility Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
Destination (Site) Address \_\_\_\_\_

TDWR/TDH Permit No. 390004  
EPA TSD Fac. # TX00027142115  
Phone A/C \_\_\_\_\_  
TDWR/TDH Permit No.   
EPA TSD Fac. #   
Phone A/C \_\_\_\_\_

1. TEXAS WASTE CODE	2. QUANTITY	UNITS*	3. DOT WASTE NO.	4. DOT HAZ CLASS	5. (a) DOT DESCRIPTION; (b) TYPE AND NUMBER OF CONTAINERS
	5640	1 2 3 4	UN1824		Waste Sodium Hydroxide. Liquid Bulk (CORROSIVE MATERIAL)
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
		1 2 3 4			

\* Circle one: (1) tons (2) gallons (3) cubic yards (4) drums (55 gal.)

**Special Instructions:**

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the DOT, TDWR, and TDH.

11/12/81  
Date of Shipment

[Signature]  
Signature of Authorized Agent

**PART II To be completed by the Transporter/Driver (see reverse side for instructions)**

Carrier Name Malone Trucking Co.  
Business Address Tx. City, Tx  
Phone Number A/C (713) 487-6500

TDWR/TDH Trans. No.   
EPA Trans. No. TX0005940740  
11/12/81  
Date Received

I certify (or declare) that the materials in the quantities described above are received by me for shipment to the above named destination.

[Signature]  
Signature of Authorized Agent

**PART III To be completed by Treatment, Storage and Disposal (TSD) Facility Owner/Operator (see reverse side for instructions)**

TSD Facility Name MJC  
Phone Number 953-1791  
Site Address SWAMP LAKE  
TSD Facility Owner/Operator Comments Net #45,980  
1701 T31 T40 T42 T44 1280 P 81

TDWR/TDH Permit No. 390004  
EPA TSD Fac. # TX00027142115

11-12-81  
Date Received

I certify (or declare) that the materials in the quantities described in Part I are received by me.

[Signature]  
Signature of Authorized Agent



Photographer / Witness

IMRE SEKELYHIDI

Date / Time / Direction

11/18/81 / 10:30 AM / WEST

Comments: WORK AREA INSIDE

PLANT

①



Photographer / Witness

IMRE SEKELYHIDI

Date / Time / Direction

11/18/81 / 10:30 AM / SOUTH

Comments: WORK AREA INSIDE

PLANT

②



Photographer / Witness

IMRE SEKELYHIDI

Date / Time / Direction

11/18/81 / 11:30 / SW

Comments: EMPTY DRUM

STORAGE AREA

③



Photographer / Witness

IMRE SEKELYHIDI

Date / Time / Direction

11/19/81 / 11:30 / EAST

(4)

Comments: TREATMENT

(NEUTRALIZATION WITH SPECIAL  
COPPER REMOVAL UNIT) SYSTEM

Photographer / Witness

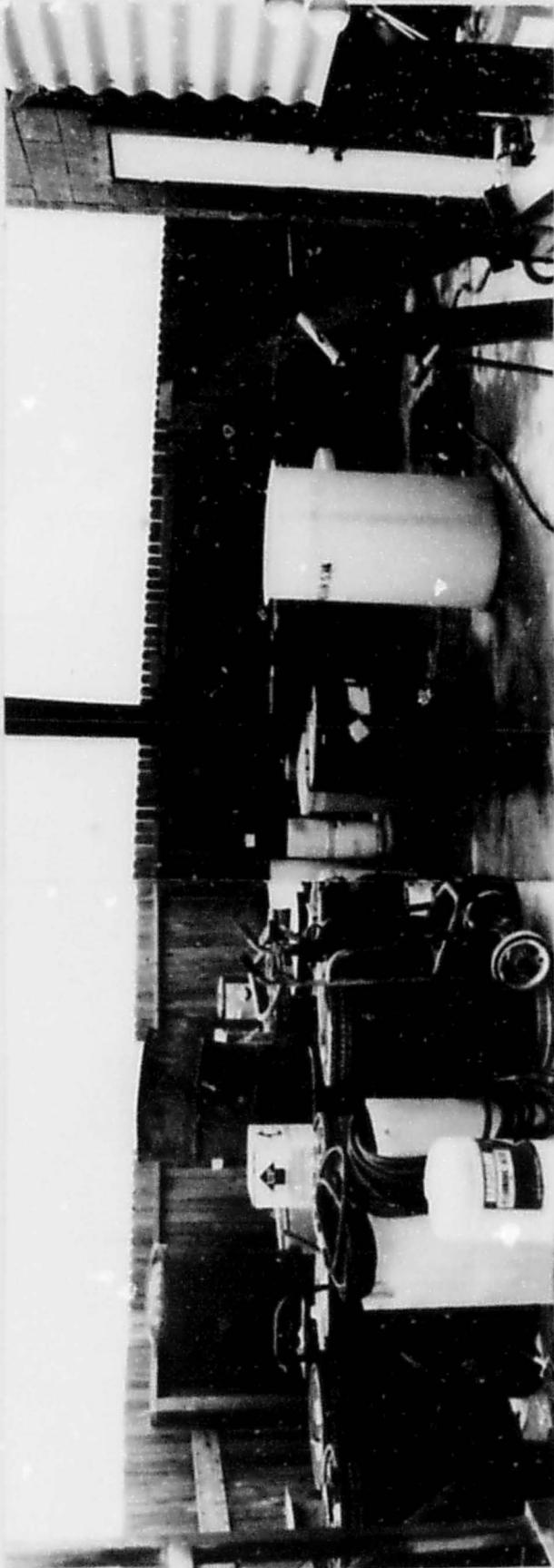
Date / Time / Direction

Comments: \_\_\_\_\_

Photographer / Witness

Date / Time / Direction

Comments: \_\_\_\_\_



Photographer / Witness

IMRE SEKELYHIDI

Date / Time / Direction

11/18/81 / 11:30 / WEST

(5)

Comments: DRUM STORAGE AREA

Photographer / Witness

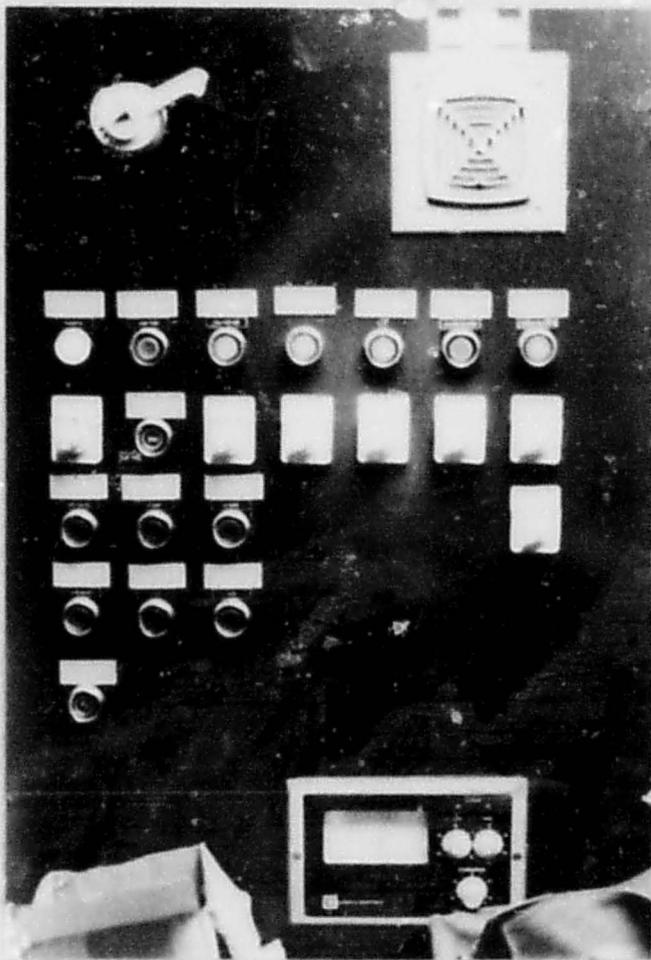
Date / Time / Direction

Comments: \_\_\_\_\_

Photographer / Witness

Date / Time / Direction

Comments: \_\_\_\_\_



Photographer / Witness

IMRE SEKELYHIDI

Date / Time / Direction

11/19/81/10:30/WEST

(6)

Comments: CONTROL PANEL

INSIDE PLANT WITH PH METER

Photographer / Witness

Date / Time / Direction

Comments: \_\_\_\_\_

Photographer / Witness

Date / Time / Direction

Comments: \_\_\_\_\_